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FORM		First Named Inventor Jo		John Harra		
(to be used for all correspondence after initial  Total Number of Pages in This Submission	filing) 517	Art Unit Examiner Name Attorney Docket Number	Unknown Unknown JH-1PCT	· · ·		
	ENCL	LOSURES (Check all	that apply	·)	After Alleumana Communication to TO	
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority		Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence A  Ferminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on CD	ddress		After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):	
Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Kemar	<u></u>			÷	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT					
Firm Name	Law Office of Eugene S. Indyk		· · · · · · · · · · · · · · · · · · ·		
Signature	Gelline				
Printed name	Eugene S. Indyk				
Date	March 29, 2007	Reg. No.	30,711		

## **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date March 29, 2007 Eugene S. Indyk Typed or printed name

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Effective on 12/08/2004.  Also pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known				
		Application Number 10/5		10/552,561	552,561	
FEE TRANSMITTAL		Filing Date C		October 11, 2005		
For FY	<sup>'</sup> 2007		First Named Inv	entor	John Harra	
77 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Examiner Name		Unknown		
Applicant claims small entity status. See 37 CFR 1.27		Art Unit Unk		Unknown	known	
TOTAL AMOUNT OF PAYMENT	(\$) \$150		Attorney Docket	t No.	JH-1PCT	
METHOD OF PAYMENT (chec	ck all that apply)					
Check Credit Card  Deposit Account Deposit A  For the above-identified dep			Deposit Ac	count Na		
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
FEE CALCULATION						
1. BASIC FILING, SEARCH, A FILE  Application Type Fee Utility 300	ING FEES Small Entity (\$) Fee (\$)		CH FEES  Small Entity Fee (\$)  250	EXAN Fee 200		Fees Paid (\$)
Design 200	). 100	100	50	130	65	
Plant 200	100	300	150	160	80	
Reissue 300	) 150	500	250	600	300	
Provisional 200	100	0	0	(	0	
2. EXCESS CLAIM FEES Fee DescriptionSmall Entity Fee (\$)Each claim over 20 (including Reissues)5025Each independent claim over 3 (including Reissues)200100Multiple dependent claims360180						
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> 26 - 20 or HP = 6 x \$25 = \$150				Multiple De Fee (\$)	ependent Claims Fee Paid (\$)	
26 - 20 or HP = 6 x \$25 = \$150 HP = highest number of total claims paid for, if greater than 20.				<u> </u>	ree Paid (\$)	
	Claims Fee (\$)	<u>Fee</u>	Paid (\$)		<del></del>	
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number)  (round up to a whole number)						

Other (e.g., late filing surcharge):		
SUBMITTED BY 0 0		
Signature (MULIII)	Registration No. (Attorney/Agent) 30,711	Telephone (732) 521-3926
Name (Print/Type) Eugene S. Indyk		Date March 29, 2007

Non-English Specification, \$130 fee (no small entity discount)

4. OTHER FEE(S)

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